|       | in this informa  | tion to identify yo                                 | our case.      |   |   |                 |                                      |                               |  |  |  |  |  |  |
|-------|--|---|----------------|---|---|-----------------|--------------------------------------|-------------------------------|--|--|--|--|--|--|
| Deb   |  |   |                |   |   | Cho             | ak if this is:                       |                               |  |  |  |  |  |  |
| Den   | tor r  | Lauren Scholl                                       |                |   |   |                 | Check if this is:  An amended filing |                               |  |  |  |  |  |  |
|       | tor 2  |   |                |   |   |                 |                                      | wing postpetition chapter     |  |  |  |  |  |  |
| (Spc  | ouse, if filing)   |   |                |   |   |                 | 13 expenses as of                    | the following date:           |  |  |  |  |  |  |
| Unite | ed States Bankr  | uptcy Court for the                                 | : EASTE        | MM / DD / YYYY  |   |                 |                                      |                               |  |  |  |  |  |  |
|       | e number 22<br>nown)   | 2-10944   |                |   |   |                 |                                      |                               |  |  |  |  |  |  |
| Of    | fficial Ea   | rm 106J   |                |   |   |                 |                                      |                               |  |  |  |  |  |  |
|       |  | J: Your   | <br>Evner      | 1888  |   |                 |                                      | 12/1                          |  |  |  |  |  |  |
| Be a  | as complete a  | and accurate as                                     | possible.      | If two married people ar                                    |   |                 |                                      | or supplying correct          |  |  |  |  |  |  |
| Part  |  | ibe Your House                                      | hold           |   |   |                 |                                      |                               |  |  |  |  |  |  |
|       | Is this a joint case?  ■ No. Go to line 2.   |   |                |   |   |                 |                                      |                               |  |  |  |  |  |  |
|       |  | ☐ Yes. Does Debtor 2 live in a separate household?  |                |   |   |                 |                                      |                               |  |  |  |  |  |  |
|       |  | -   | st file Offici | al Form 106J-2, <i>Expense</i> s                            | for Separate Houser                     | nold of Deb     | otor 2.                              |                               |  |  |  |  |  |  |
| 2.    | Do you have  | e dependents?                                       | □ No           |   |   |                 |                                      |                               |  |  |  |  |  |  |
|       | Do not list Debtor 2.  | ebtor 1 and   | Yes.           | Fill out this information for each dependent                | Dependent's relation Debtor 1 or Debtor |                 | Dependent's age                      | Does dependent live with you? |  |  |  |  |  |  |
|       | Do not state   |   |                |   |   |                 |                                      | □ No                          |  |  |  |  |  |  |
|       | dependents   | names.  |                |   | Son                                     |                 |                                      | ■ Yes<br>□ No                 |  |  |  |  |  |  |
|       |  |   |                |   | Niece                                   |                 |                                      | ■ Yes                         |  |  |  |  |  |  |
|       |  |   |                |   |   |                 |                                      | □ No                          |  |  |  |  |  |  |
|       |  |   |                |   | Son                                     |                 |                                      | Yes                           |  |  |  |  |  |  |
|       |  |   |                |   | Son                                     |                 | 4 months                             | □ No                          |  |  |  |  |  |  |
|       |  |   |                |   | 3011                                    |                 | 4 1110111115                         | ■ Yes<br>□ No                 |  |  |  |  |  |  |
|       |  |   |                |   | Daughter                                |                 | 18                                   | ■ Yes                         |  |  |  |  |  |  |
| 3.    | expenses of  | enses include<br>f people other t<br>d your depende | han $_{m 	au}$ | No<br>Yes   |   |                 |                                      |                               |  |  |  |  |  |  |
| Part  |  | ate Your Ongoi                                      |                |   |   |                 |                                      |                               |  |  |  |  |  |  |
| exp   |  |   |                | uptcy filing date unless y<br>y is filed. If this is a supp |   |                 |                                      |                               |  |  |  |  |  |  |
| the   | value of such  | n assistance an                                     |                | government assistance i                                     |   |                 | v                                    |                               |  |  |  |  |  |  |
| (Off  | ficial Form 10   | 6l.)  |                |   |   |                 | Your exp                             | enses                         |  |  |  |  |  |  |
| 4.    | The rental or home ownership expenses for your residence. Include first payments and any rent for the ground or lot. |   |                |   |   | 4. \$           | \$                                   | 1,143.00                      |  |  |  |  |  |  |
|       | If not includ  | ed in line 4:                                       |                |   |   |                 |                                      |                               |  |  |  |  |  |  |
|       | 4a. Real e   | state taxes   |                |   |   | 4a. S           | \$                                   | 0.00                          |  |  |  |  |  |  |
|       | •  | rty, homeowner's                                    | -              |   |   | 4b. \$          | ·                                    | 0.00                          |  |  |  |  |  |  |
|       |  |   |                | ipkeep expenses   |   | 4c. 9           | ·                                    | 0.00                          |  |  |  |  |  |  |
| 5.    |  | owner's associat<br>nortgage payme                  |                | dominium dues<br>our residence, such as ho                  | me equity loans                         | 4d. \$<br>5. \$ | •                                    | 0.00<br>0.00                  |  |  |  |  |  |  |

Debtor 1 Lauren Scholl Case number (if known) 22-10944

## 

| ebtor 1 Lau   | uren Scholl  | Case num      | ber (if known)   | 22-10944                    |  |  |  |  |  |
|---|--|---------------|------------------|-----------------------------|--|--|--|--|--|
| Utilities:  |  |               |                  |                             |  |  |  |  |  |
|   | ctricity, heat, natural gas  | 6a.           | \$               | 400.00                      |  |  |  |  |  |
| 6b. Wa  | ter, sewer, garbage collection   | 6b.           | \$               | 105.00                      |  |  |  |  |  |
| 6c. Tele  | ephone, cell phone, Internet, satellite, and cable services  | 6c.           | \$               | 144.00                      |  |  |  |  |  |
| 6d. Oth   | er. Specify: Cable/Internet  | 6d.           | \$               | 49.99                       |  |  |  |  |  |
| Food and  | housekeeping supplies  | 7.            | \$               | 1,400.00                    |  |  |  |  |  |
| Childcare   | and children's education costs   | 8.            | \$               | 133.00                      |  |  |  |  |  |
| Clothing,   | laundry, and dry cleaning  | 9.            | \$               | 50.00                       |  |  |  |  |  |
| Personal  | care products and services   | 10.           | \$               | 100.00                      |  |  |  |  |  |
| Medical a   | nd dental expenses   | 11.           | \$               | 0.00                        |  |  |  |  |  |
| Transpor  | tation. Include gas, maintenance, bus or train fare.   |               |                  | 100.00                      |  |  |  |  |  |
|   | clude car payments.  | 12.           | ·                | 160.00                      |  |  |  |  |  |
|   | ment, clubs, recreation, newspapers, magazines, and books  | 13.           |                  | 0.00                        |  |  |  |  |  |
| Charitabl   | e contributions and religious donations  | 14.           | \$               | 0.00                        |  |  |  |  |  |
| Insurance   |  |               |                  |                             |  |  |  |  |  |
|   | clude insurance deducted from your pay or included in lines 4 or 20.   | 45-           | •                |                             |  |  |  |  |  |
|   | insurance  | 15a.          |                  | 30.00                       |  |  |  |  |  |
|   | alth insurance   | 15b.          | ·                | 0.00                        |  |  |  |  |  |
|   | nicle insurance  | 15c.          | ·                | 0.00                        |  |  |  |  |  |
|   | er insurance. Specify:   | 15d.          | \$               | 0.00                        |  |  |  |  |  |
|   | o not include taxes deducted from your pay or included in lines 4 or 20.   | 40            | <b>c</b>         | 0.00                        |  |  |  |  |  |
| Specify:  | ut au la cas u come cuta.  | 16.           | <b>&gt;</b>      | 0.00                        |  |  |  |  |  |
|   | nt or lease payments: payments for Vehicle 1   | 17a.          | ¢                | 0.00                        |  |  |  |  |  |
|   | payments for Vehicle 2   | 17a.<br>17b.  | · -              |                             |  |  |  |  |  |
|   | . ,  | 17b.<br>17c.  |                  | 0.00                        |  |  |  |  |  |
|   | er. Specify:   | 17c.          | ·                | 0.00                        |  |  |  |  |  |
|   | er. Specify:   |               | Ф                | 0.00                        |  |  |  |  |  |
|   | ments of alimony, maintenance, and support that you did not report a<br>from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I) |               | \$               | 0.00                        |  |  |  |  |  |
|   | ments you make to support others who do not live with you.   | •             | \$               | 0.00                        |  |  |  |  |  |
| Specify:  | ,, , , , , , , ,   | 19.           | ·                | 0.00                        |  |  |  |  |  |
| Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> . |  |               |                  |                             |  |  |  |  |  |
|   | rtgages on other property  | 20a.          |                  | 0.00                        |  |  |  |  |  |
| 20b. Rea  | al estate taxes  | 20b.          | \$               | 0.00                        |  |  |  |  |  |
| 20c. Pro  | perty, homeowner's, or renter's insurance  | 20c.          | \$               | 0.00                        |  |  |  |  |  |
|   | ntenance, repair, and upkeep expenses  | 20d.          | \$               | 0.00                        |  |  |  |  |  |
|   | neowner's association or condominium dues  | 20e.          | \$               | 0.00                        |  |  |  |  |  |
| . Other: Sp   | ecify: School Uniforms   | 21.           | +\$              | 10.00                       |  |  |  |  |  |
|   |  |               |                  | 10100                       |  |  |  |  |  |
|   | your monthly expenses  |               |                  |                             |  |  |  |  |  |
|   | lines 4 through 21.  |               | \$               | 3,724.99                    |  |  |  |  |  |
|   | line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |               | \$               |                             |  |  |  |  |  |
| 22c. Add I  | ine 22a and 22b. The result is your monthly expenses.  |               | \$               | 3,724.99                    |  |  |  |  |  |
| Calculato   | your monthly net income.   |               |                  |                             |  |  |  |  |  |
|   | by line 12 (your combined monthly income) from Schedule I.   | 23a.          | \$               | 1 107 10                    |  |  |  |  |  |
|   | by line 12 (your combined monthly income) from Schedule 1. by your monthly expenses from line 22c above.   |               |                  | 4,187.19                    |  |  |  |  |  |
| ∠su. Cop  | by your monthly expenses from line ZZC above.  | 23b.          | -φ               | 3,724.99                    |  |  |  |  |  |
| 23c Sub   | otract your monthly expenses from your monthly income.   |               |                  |                             |  |  |  |  |  |
|   | e result is your <i>monthly net income</i> .   | 23c.          | \$               | 462.20                      |  |  |  |  |  |
| 1110  |  |               | <u> </u>         |                             |  |  |  |  |  |
|   | xpect an increase or decrease in your expenses within the year after y   |               |                  |                             |  |  |  |  |  |
|   | e, do you expect to finish paying for your car loan within the year or do you expect yo  | ur mortgage p | payment to incre | ease or decrease because of |  |  |  |  |  |
|   | n to the terms of your mortgage?   |               |                  |                             |  |  |  |  |  |
| No.   |  |               |                  |                             |  |  |  |  |  |
| ☐ Yes.  | Explain here:  |               |                  |                             |  |  |  |  |  |